

WEST HARTFORD

C O N N E C T I C U T

RECEIVED

AUG 14 2017

**TOWN COUNCIL OFFICE
West Hartford, CT**

**Public Safety Committee Meeting
Town Hall, Room 312
Thursday, August 10, 2017, 8:00 a.m.**

Attendance

Shari Cantor, Mayor (by phone)
Leon Davidoff, Chair
Chris Barnes
Judy Casperson (by phone)
Denise B. Hall
Chris Williams

Staff

Matt Hart, Town Manager
Gary Allyn, Fire Chief
Tracey Gove, Police Chief
Daniel Coppinger, Assistant Police Chief
Michael Sinsigalli, Assistant Fire Chief
Richard Winn, Assistant Fire Chief

Invited Guest

Theresa Atwood, CT Health Enterprises/Quick Med Claims

Chairman Leon Davidoff called the meeting to order at 8:00 a.m. The committee did not meet in July. The Chairman advised the committee that the order of the agenda would be switched to allow the fire department to enough time to discuss the medical billing issue.

Police Update

Chief Gove provided this update to the committee:

1. The town has noticed an increased number of car related crimes such as break ins and thefts. This has led West Hartford to increase their resources which include dispatching more officers

patrolling overnight and having detectives take a more hands on approach. He highlighted this as a regional issue and often times committed by juveniles. There does not appear to be a centralized location for these crimes-targeted vehicles have been open/unlocked. The town has been proactive and able to make arrests in some of these instances.

Councilor Hall asked if there is a common thread of these crimes. Chief Gove stated the themes appear to be juveniles joyriding or engaging in illegal rentals. Councilor Barnes inquired about the process and charges brought to the juveniles involved. Chief Gove explained that majority of the cases are petty crimes and most cases result in juvenile probation. Juveniles are issued a summons, sent home, and must appear in court.

2. Chief Gove reported on recent town robberies and other police activity, including updates on the state trooper involved car accident and status of Los Imperios.

3. Chief Gove concluded with personnel updates. There are currently 9 vacancies in the department which will increase to 11 by the end of the year. The department hopes to begin hiring soon. The summer reassignments of special division officers to patrol units have allowed patrol officers to get vacation time this year. It has also been a savings with overtime costs.

Fire Update

1. Town Manager Matt Hart provided introductory statements related to paramedic billing. The town has received a number of calls from residents concerned about this billing. At today's meeting, staff will provide an overview of the billing process as well as revenue estimates. Mr. Hart recommended that the committee carry the item as old business to the next meeting, in order to discuss the topic in more detail, including options the town may have with respect to the billing policies as well as program revenues and expenditures.

The town received its Medicare provider number in May and is now able to bill recipients from who used the program the beginning of the original date of service (August 2016). Chief Allyn provided three handouts (linked) which included a summary the first year of service, outlined the billing process, and the town's specific Medicare B billing.

Connecticut Health consultant, Terri Atwood, explained the commercial billing process as well as the town's billing options. Specifically covering Medicare B options, she detailed the various methods claims are handled.

The town previously billed using the bundle bill agreement. It now currently bills using the Bill for Denial. The town has a collection policy (linked) in place which allows patients without secondary insurance to receive a reduction to their bill.

Chairman Davidoff asked what impact the Medicare billing has on the residents, economically. Although there is revenue to the town, residents are paying more. The town will continue to do its due diligence to ensure the billing issue is fair financially for all involved.

2. Chief Allyn concluded his update with budget news. The department has received two grants related to self-contained breathing apparatus (SCBA) and an ambulance.

Chairman Davidoff adjourned the meeting at 9:21 a.m.

Agency Activity Summary

West Hartford Fire Department

ePCR Branch: 1, 2, 3, 4, 5 | Agency: West Hartford Fire Department | Service Date: From
08/01/2016 Through 07/31/2017 | Run Disposition: alltransp | Run Type: Emergency

Total Number of ePCRs: 6608

Total Number of Incidents: 6411

By Branch

01 Station 1 = 1435 - 711 ALS*
02 Station 2 = 1771 - 906 ALS*

03 Station 3 = 88 - 51 ALS*
04 Station 4 = 1802 - 1019 ALS*

05 Station 5 = 1512 - 864 ALS*

Run Disposition

	#	%		#	%
Treated/Transported*	3551*	53.7%	Dead Prior To Arrival	43	0.7%
Treated / Transferred Care	1568	23.7%	Dead After Arrival	18	0.3%
Treated/No Transport (AMA)	508	7.7%	Treat/Transported by Private Veh.	1	0.0%
Treated / No Transport (Per Protocol)	12	0.2%	Assist	84	1.3%
Transported / Refused Care	N/A	N/A	Other	18	0.3%
No Transport / Refused Care	221	3.3%	No Patient Found	94	1.4%
Cancelled	490	7.4%			
Left Blank	N/A	N/A			

Runs by Unit

Unit	Total Runs	Treat/ Transp	Treat/ Transfer	Treat/No Transp(AMA)	Treat/No Transp(PP)	Transp/ Ref. Care	Cancelled	Dead Prior Arr	Dead After Arr	T/T Priv Veh	No Trans/ Ref. Care	Assist	Other	No Pat Found
155A6	1	0	0	0	0	0	1	0	0	0	0	0	0	0
E1	195	90	48	12	0	0	30	2	0	0	7	5	0	1
E2	61	26	20	5	0	0	2	0	0	0	4	3	0	1
E4	3	1	0	0	0	0	1	1	0	0	0	0	0	0
E5	630	383	106	54	1	0	39	5	2	0	26	6	0	8
M1	1161	584	293	59	1	0	147	8	2	0	39	16	3	9
M11	22	10	7	3	0	0	0	1	0	0	1	0	0	0
M2	1649	860	433	112	6	0	74	11	9	0	67	34	7	36
M3	6	4	2	0	0	0	0	0	0	0	0	0	0	0
M4	1471	841	321	125	2	0	93	7	3	1	37	12	6	23
M5	958	524	248	92	1	0	63	2	2	0	13	4	1	8
M6	4	1	2	0	0	0	0	0	0	0	0	0	0	1
M7	15	4	5	0	0	0	1	0	0	0	3	2	0	0
Q2	135	68	26	14	1	0	10	2	0	0	11	0	0	3
Q3	2	1	0	1	0	0	0	0	0	0	0	0	0	0
Q4	295	154	57	31	0	0	29	4	0	0	13	2	1	4
Total	6608	3551	1568	508	12	0	490	43	18	1	221	84	18	94

Runs by Service Level

Dispatched Service Level	#	%	Recommended Service Level	#	%
BLS	169	2.6%	BLS	1787	27.0%
ALS	6439	97.4%	ALS1	4719	71.4%
SCT	N/A	N/A	ALS2	102	1.5%
			SCT	N/A	N/A
			Rotary Wing	N/A	N/A
			Fixed Wing	N/A	N/A

Runs by Primary PI (Note - Primary PI is based on the ICD-10 priority setup in HealthEMS)

<u>Description</u>	<u>#</u>	<u>%</u>
Abdominal Pain	228	3.5%
Airway Obstruction	11	0.2%
Allergic Reaction	50	0.8%
Alt. Level Conscious	214	3.2%
Anxiety	123	1.9%
Asthma Symptoms	29	0.4%
Back Pain (No Trauma)	111	1.7%
Behavioral Disorder	218	3.3%
CVA/Stroke	78	1.2%
Carbon Mon. Poisoning	3	0.0%
Cardiac Arrest	71	1.1%
Cardiac Symptoms	143	2.2%
Chest Pain	267	4.0%
Cough W/Blood	2	0.0%
Dehydration Symp.	45	0.7%
Depression (acute)	35	0.5%
Diabetic Symptoms	94	1.4%
Dizziness	146	2.2%
Dyspnea-SOB	369	5.6%
Elevated Temp/Fever	17	0.3%
Eye Symp.(no trauma)	5	0.1%
Flu Symptoms	79	1.2%
GI -Bleed	42	0.6%
GI -Constipation	12	0.2%
GI -Diarrhea	20	0.3%
Headache (no trauma)	59	0.9%
Hemorrhage-(severe medical)	18	0.3%
Hyperthermia	2	0.0%
Hyperventilation	1	0.0%
Hypothermia	1	0.0%
Medication Reaction	12	0.2%
Migraine	6	0.1%
Monitoring Required	264	4.0%
Nausea	74	1.1%
No Medical Problem	220	3.3%
Nose Bleed	33	0.5%
OB/Gyn	12	0.2%
OB/Gyn (comp.)	5	0.1%
Obvious Death	14	0.2%
Orth. Device Required	1	0.0%
Pneumonia Symptoms	38	0.6%
Poisoning	57	0.9%
Positioning Required	11	0.2%
Post-Op Complication	17	0.3%
Psychiatric Emerg.	177	2.7%
Pulmonary Edema	12	0.2%
Respiratory Arrest	1	0.0%
Respiratory Failure	19	0.3%
Restraints Required	1	0.0%
Seizure	163	2.5%
Shock	14	0.2%
Sore Throat	5	0.1%
Syncope/Fainting	240	3.6%
Trauma Injury	1080	16.3%
Unconscious	23	0.3%
Unknown Medical	366	5.5%
Urinary Bleeding	12	0.2%
Urination Problem	27	0.4%
Vomiting	49	0.7%
Vomiting Blood	2	0.0%

Weakness	402	6.1%
Left Blank	758	11.5%
Total	6608	100.0%

Transport From (Category)

	#	%
--Left Blank--	6608	100.0%
Total	6608	100.0%

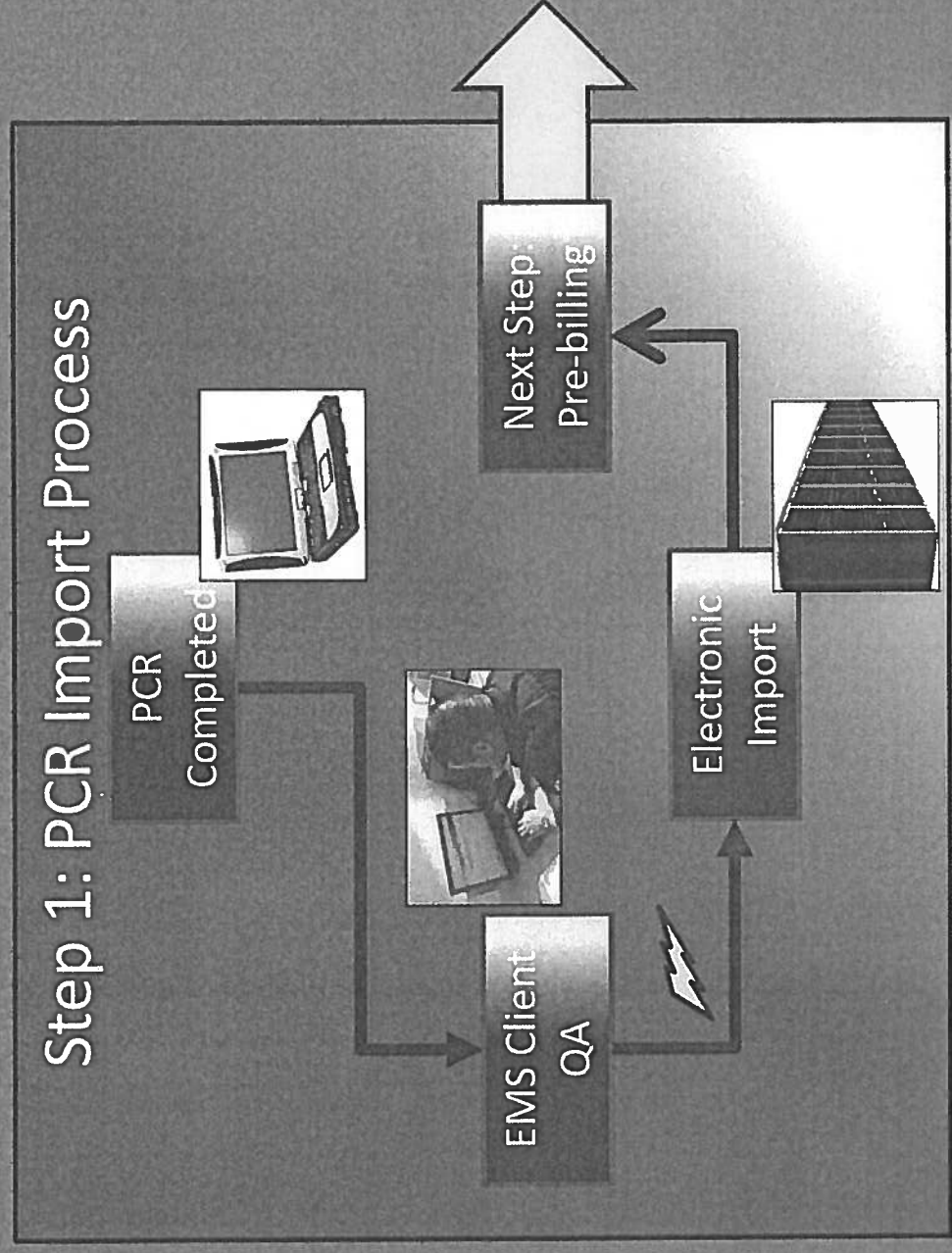
Transport From (Facility)

	#	%
--Left Blank--	6396	96.8%
West Hartford Health and Rehab	23	0.3%
Hebrew Home and Hospital	19	0.3%
Atria Hamilton Heights	18	0.3%
Brookdale Senior Living	18	0.3%
The Reservoir	17	0.3%
Chatfield Senior Living	16	0.2%
Plant Senior Housing	14	0.2%
WHPD Headquarters	14	0.2%
St. Mary Home	13	0.2%
Hartford Healthcare- South	10	0.2%
American School for the Deaf	9	0.1%
Court of St. James	9	0.1%
Hughes Convalescent Home	8	0.1%
Urgent Care	7	0.1%
Interstate 84 W	6	0.1%
Summerwood	3	0.0%
Hartford Healthcare- North	3	0.0%
St. Francis Hospital	2	0.0%
Doctors Express	2	0.0%
Jewish Community Center	1	0.0%
Total	6608	100.0%

Transport To (Destination Facility)

	#	%
St. Francis Hospital	2101	31.8%
Hartford Hospital	1627	24.6%
--Left Blank--	1463	22.1%
UConn Health Center	970	14.7%
CCMC	326	4.9%
THOCC- New Britain	102	1.5%
Manchester Memorial Hospital	8	0.1%
American Medical Response	5	0.1%
Other EMS Service, Specify	5	0.1%
Brookdale Senior Living	1	0.0%
Total	6608	100.0%

Billing Process – Step 1



Billing Process – Step 2

Step 2: Pre-billing Verification

Previous Step:
Import
PCR

Insurance
Eligibility
Check

- ✓ Utilize insurer databases
- ✓ State DSS check

Pre-Bill Call Data-
Review

Certified Ambulance Coders check for
correct level of service

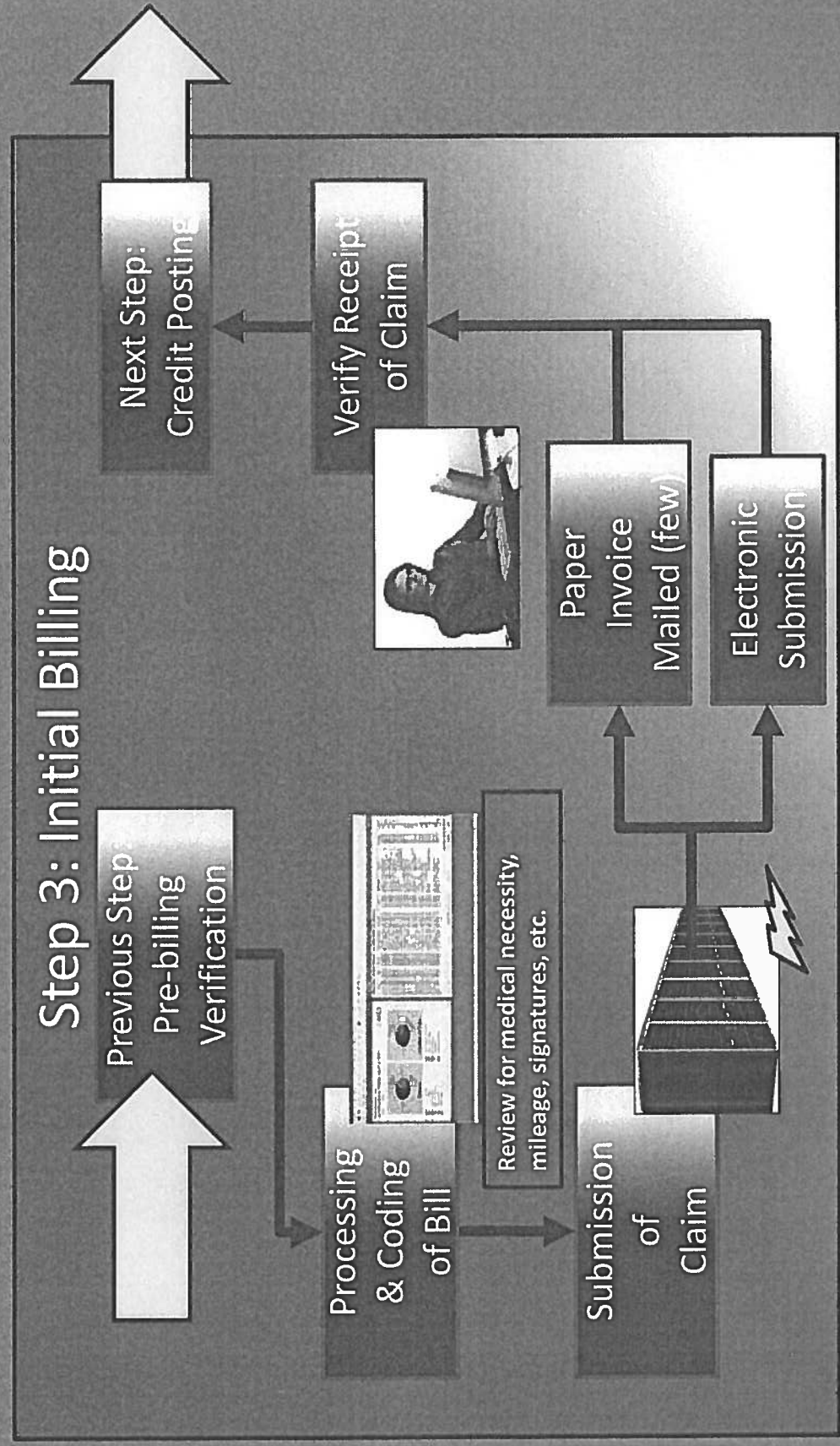


Verification
Of Info

- ✓ Demographics verification
- ✓ Confirm with destination hospital
- ✓ Contact Patient

Next Step:
Initial
Billing

Billing Process – Step 3



Billing Process – Step 4

Step 4: Credit Posting

Payment &
EOB
Received



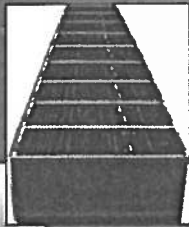
Lockbox
Processing



Remittance
Import



Post
Payment



Denial or
Underpayment

Overpayment

Full payment

Next Step:
Denial &
Appeal

Bill Secondary
Insurer or
Patient

Process
Refund

Account
Closed

Once the payment is posted,
EMMS identifies whether
proper and complete payment
has been made.

Billing Process – Results

- Date of Service: 8/1/16 – 7/31/17
- Payments Posted through 8/8/17
- Total Payments Posted to date: \$ 649,899

TOWN OF WEST HARTFORD FIRE DEPARTMENT EMS

MEDICARE B BILLING OVERVIEW

August 10, 2017

WEST HARTFORD FIRE DEPARTMENT EMS MEDICARE BILLING

Medicare Billing Options

- Bundle Bill Agreement with another transporting service
- Bill Medicare for denial and bill secondary insurers/patient to obtain payment
- Transport patients and Medicare covers the service/pays the claim

WEST HARTFORD FIRE DEPARTMENT EMS MEDICARE BILLING

Medicare Billing Options – Bundle Bill Agreement

- Medicare only covers services provided in conjunction with a transport to the hospital.
- Under a Bundle Bill Agreement, the transporting service bills Medicare B for the ALS service and transport (\$ 1,105) and pays the difference (of what they actually collect) between the BLS rate and the ALS rate (approx. \$72) less an administrative fee to the ALS provider. Average payment made to ALS service is about \$67 assuming full amount was collected on all billed calls.

WEST HARTFORD FIRE DEPARTMENT EMS MEDICARE BILLING

Medicare Billing Options – Bill for Denial

- Medicare allows a non-transport ALS service to bill for denial for non-covered (PI) services
- This is permitted specifically so a service can bill secondary payors
- Using a GY modifier, the claim is billed to Medicare, Medicare denies it as a non-covered service allowing it to be billed to either a secondary insurer or the patient.
- The claim is automatically crossed over to a secondary insurer on file with Medicare (including Medicaid)
- If no secondary insurer, the billing agency posts the denial and bills the patient

WEST HARTFORD FIRE DEPARTMENT EMS MEDICARE BILLING

Medicare Billing Options – Transport Patients

- Medicare covers ALS services provided in conjunction with a transport
- If the ALS service transports the patient requiring paramedic level care, Medicare is billed at the ALS-1 rate **(\$ 1,105)**
- Medicare will cover the service and pay at the Medicare Allowable rate **(\$429.28)**

WEST HARTFORD FIRE DEPARTMENT EMS MEDICARE BILLING

E-Bill Medicare B for Denial Using GY Modifier

- Authorized (Gross) PI Charge = \$785.00
- Medicare Allowable Rate = \$ 429.28
- Medicare Allowance = \$355.72

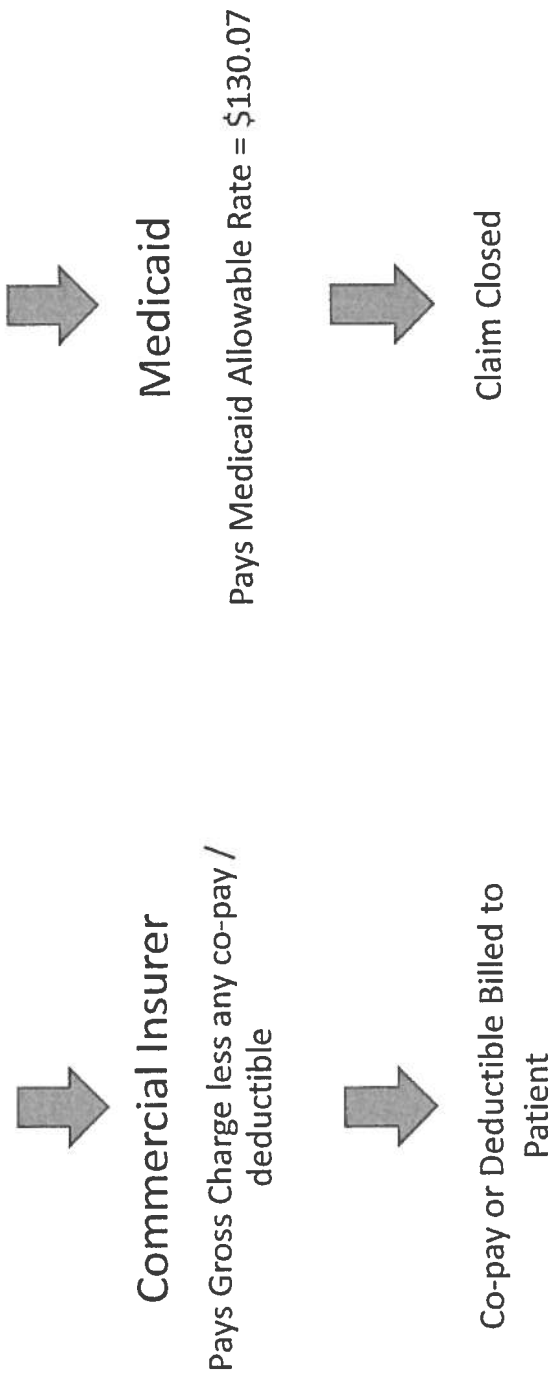
Medicare Denies – Non-covered Service and Pays \$ 0
Crosses Claim to Secondary Payor (if any)



Medicare Crossover to Secondary Payor

WEST HARTFORD FIRE DEPARTMENT EMS MEDICARE BILLING

Medicare Crossover to Secondary Payor



WEST HARTFORD FIRE DEPARTMENT EMS MEDICARE BILLING

No Secondary Insurance



Bill Patient

Pays Gross Charge or Reduced Payment
based on Town Collection Policy



Balance Written Off or sent to
Collections as per Town Policy

WEST HARTFORD FIRE DEPARTMENT EMS MEDICARE BILLING

Medicare B Bill for Denial (current process) Results

• Total Revenue collected to date from secondary payors where Medicare B Primary:	\$ 152,639
• 83 Patients paid (partial or full payment):	\$ 42,906
• Medicaid as secondary payor paid 185 claims:	\$ 18,340
• Commercial Insurers as secondary payor paid the balance:	\$ 91,393

vs.

Expected Payment under Bundle Bill Agreement

• 1,326 calls at average payment to West Hartford of \$ 67.00 per call:	\$ 88,842
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vs.

Expected Payment from Medicare B for ALS with Transport

• 1,326 calls paid at Medicare rate (\$429.28); assume 85% collected:	\$ 483,841
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WEST HARTFORD FIRE DEPARTMENT EMS MEDICARE BILLING

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230 Beaver Street
Ansonia, CT 06401
Phone: 203.308.2500
Fax: 203.516.5517
www.emmsct.com

POLICY: Town OF West Hartford Fire Department EMS

APPROVED BY: *Peter Privitera*

EFFECTIVE DATE: 12/10/2015

Policy: It is the policy of the **Town of West Hartford Fire Department EMS ("PROVIDER")** to make reasonable efforts to collect all monies due to them for emergency medical services they provide.

Guidelines: The following guidelines will apply to billing patients for emergency medical services which are not covered or paid by a third party payor (including co-payments and deductibles) or which have been paid by an insurer directly to the patient and for which the patient has failed to make payment to PROVIDER. For purposes of this policy a complete in-house billing cycle includes a minimum of three (3) written invoices sent to the address on file for the patient or guarantor and one (1) final letter to the patient or guarantor advising that the account *may* be referred to a collection agency if payment is not received.

Note: All patients except those who have received payment directly from their insurer, who call in response to a bill or who are contacted by billing staff regarding payment arrangements will be given the opportunity to pay immediately (over the phone) by credit card or check received within five (5) business days and receive a ten percent (10%) "prompt pay" discount. Patients who have received payment directly from their insurer and paid that full amount to PROVIDER will be eligible for the prompt pay discount only on the patient balance due after insurance.

1. Unpaid balances on all accounts for patients who have Medicaid coverage on the date of service but for which the services were denied as not covered, shall **not** be referred to the PROVIDER designated collections agency. These accounts will be written off after one in-house billing cycle has been completed with no response.
2. Unpaid balances on all accounts for non-Medicaid patients, **who are residents** of the Town of West Hartford, **except** for those accounts for which patients received payment directly from their insurer and then failed to pay PROVIDER, will be written off following the completion of one complete in-house billing cycle.
3. Unpaid balances on all accounts for non-Medicaid patients, **who are residents** of the Town of West Hartford, for those accounts for which patients received payment directly from their insurer and then failed to pay PROVIDER, shall be referred to the designated collections agency following the completion of one complete in-house billing cycle.
4. Unpaid balances on all accounts for non-Medicaid patients, who are **NOT** residents of the Town of West Hartford, shall be referred to the designated collections agency following the completion of one complete in-house billing cycle.
5. **Hardship Requests:**

- A. All patient requests (received in writing) for a hardship discount or write-off shall automatically be approved for the prompt pay discount **reducing the amount due to the Medicare allowable rate**. These patients will also be offered the option to make full payment of the discounted rate in monthly installments over a period of up to **twelve (12)** months. If a client fails to meet the required monthly payment the discount will be void and the outstanding balance will be due in full.
- B. If a patient indicates he/she is unable to make payments at this level, **for Town residents only**, the account will be written off as noted in # 2 above. For non-residents, the request will be forwarded to the PROVIDER'S designated representative for a decision regarding write-off or collections.
- C. All accounts with no activity after ninety (90) days, with an unpaid balance of **twenty dollars (\$ 20.00)** or less will be automatically written off.
- D. A report of all accounts written off (including those sent to collections) shall be sent to the designated PROVIDER representative quarterly.